The VISN 2
Center of Excellence
at Canandaigua

Operation S.A.V.E.:

Suicide Prevention Training for Frontline Veterans Affairs Staff

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In Memory of
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Background & Rationale

- Characteristics of VHA population reflect risk factors for suicide: older, largely male, high rates of substance abuse and mental illness, access to firearms
- Overall veteran population 66% more likely to die by suicide (McCarthy et al., 2009)
- Male veterans more than 2x as likely to die by suicide than non-veterans (Kaplan et al., 2007)

McCarthy, et al (2009). *American Journal of Epidemiology, 169,* 1033-1038.
Kaplan, et al (2007). *Journal of Epidemiology and Community Health, 61,* 619-624.

VHA Mental Health Strategic Plan

- Provision of suicide prevention training to all frontline staff and health care professionals
- Promotion of evidence-based strategies for assessment, prevention and treatment of mental disorders
- Use of electronic suicide prevention database

Joshua Omvig Veterans Suicide Prevention Act (H.R. 327, 2007) passed by Congress in 2007 required the Department of Veterans Affairs to implement a comprehensive suicide prevention program.

Gatekeeper Training: One Suicide Prevention Strategy

- Goal is to prepare those most likely to encounter potentially suicidal individuals on a day-to-day basis to identify, encourage, refer individuals for assessment & treatment
- Question-Persuade-Refer (QPR Institute, 1999. Available from URL: ww.qprinstitute.com),
- Applied Suicide Intervention Skills Training (Living Works, 2007. Available from URL: www/livingworks.net)
- Evidence indicates those who receive training have greater knowledge and confidence in responding to suicidal individuals; Capp et al (2001). *Australian and New Zealand Journal of Public Health, 25,* 315-321; Gould et al.(2003). *Journal of the American Academy of Child & Adolescent Psychiatry, 42,* 386-405; Matthieu et al. (2001).*Brief Treatment and Crisis Intervention, 6,* 295-307.

Operation S.A.V.E.: VISN2 CoE Education, Training & Dissemination Core (2007)

- First veteran-specific gatekeeper training used with VA frontline staff across the nation
- Referred to as “guide training” to avoid any negative connotations of the word “gatekeeper”
- Only program whereby trainers and trainees do not incur cost to use and learn guide training principles

Operation S.A.V.E.

- Administered by suicide prevention coordinators (SPCs)
- SPCs represent 251 participating VA Medical Centers across the nation
- SPCs are locally-hired nurses, social workers and psychologists

Operation S.A.V.E.: Five Modules

Module I: Brief overview of suicide in the veteran population

- Epidemiology of suicide, veteran-specific statistics
- SPCs encouraged to adapt this module to reflect local statistics and prevention efforts

Module II: Myths and misinformation

- Dispel common myths about suicide

Module III: Suicide risk factors

- Review general & veteran-specific risk factors

Operation S.A.V.E.: Five Modules

Module IV: S.A.V.E. components

- **S**igns: Know the suicide warning signs (verbal and nonverbal)
- **A**sk: Ask the veteran if s/he is thinking about suicide
- **V**alidate: Validate the veteran's experience by hearing their story without passing judgment
- **E**ncourage/**E**xpedite: Encourage the veteran to seek help/treatment and expedite a proper referral

Module V: Summary review and evaluation

- Review, complete post-training questionnaires

S.A.V.E. Evaluation

- Pre- post-training questionnaires completed by 7431 frontline employees between January 1 and September 30, 2008
- Questionnaires surveyed attitudes and knowledge about suicide, as well as satisfaction with training

Participant Demographics

- 2619 (35%) male, 4812 (65%) female
- Mean (SD) age = 46.3 (11.5) years; range = 18 – 85 years
- 57% non-clinical frontline staff;

  43% clinical providers

Attitudes about Suicide: Percent of Participants Who Indicated Confident Response Choice Pre- > Post-Training

"I know enough about suicide."

- 31% > 60%

"I am prepared to handle a suicidal veteran."

- 28% > 66%

"I am comfortable talking about suicide."

- 59% >77%

"It is my job to help suicidal veterans."

- 70% > 86%

Attitudes about Suicide: Clinicians vs. Non-Clinicians

Clinicians demonstrated more change than non-clinicians:

- “I know enough about suicide.”
- “I am comfortable talking about suicide.”

Non-clinicians demonstrated more change than clinicians:

- “It is my job to help suicidal veterans.”
- “I am prepared to handle a suicidal veteran.” (NS trend)

Knowledge of Suicide: Percent of Participants Who Gave Correct Answers Before > After Training

"If I ask a veteran about suicide, they are more likely to commit suicide."
- 91% > 90% (NS)

"Veterans only talk about suicide when they want attention."
- 93% > 95%

"Veterans are two times more likely to commit suicide than non-veterans."
- 82% > 92%

"If a veteran has made up their mind to commit suicide, they cannot be stopped."
- 90% > 92%

Knowledge of Suicide: Clinicians vs. Non-Clinicians

Clinicians demonstrated more change towards accurate knowledge:

- “If I ask a veteran about suicide, they are more likely to commit suicide.”
- “If a veteran has made up their mind to commit suicide, they cannot be stopped.”
- “Veterans are two times more likely to commit suicide than non-veterans.” (NS trend)

Satisfaction with S.A.V.E. Training

- 95% completely or mostly satisfied with content of training
- 96% completely or mostly satisfied with trainer's expertise
- 93% completely or mostly satisfied with training materials
- Clinicians were more satisfied with content of training and training materials than non-clinicians

Conclusions…

- Training was well-received by diverse sample of clinical and non-clinical VA employees
- Participants reported increased confidence in responding to suicidal veteran (knowledge & comfort) after training
- Participants were more likely to indicate it was their job to help a suicidal veteran after training
- In general, the training was effective for clinical and non-clinical employees although they differed on specific responses to some survey items

Cautions…

- Possible sample bias: We used a convenience sample selected blindly but not randomly from >35,000
- Variations in content of training: SPCs encouraged to tailor content except Module IV
- Demand characteristics of mandatory training
- Need more rigorous observational studies of gatekeeper training to determine if behavior changes; e.g., pre- post-training role plays
- Are more ‘at risk’ veterans being referred?

Positive reports from the field…

I didn’t want to take the training and didn’t think I would ever be able to help anyone who was thinking about suicide but the training taught me what to do this week when a Veteran called the clinic and told me he was going to shoot himself. He came in the next day and thanked me for saving his life….

THANK YOU!

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